



I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32.

I UNDERSTAND BY CHOOSING THIS OPTION, UPON MY DEATH, I RELINQUISH ALL CLAIMS TO THE TOTAL CONTRIBUTIONS AND THE TOTAL INTEREST THAT HAVE BEEN CREDITED TO MY ACCOUNT. My Designated Beneficiary(ies) listed below will receive only a prorated amount for the number of days I live in the month of my death.

THERE ARE NO SURVIVOR BENEFITS.

**BENEFICIARY(IES) INFORMATION** (MUST BE COMPLETED)

1	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
2	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
3	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
4	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:
5	Name:	Designation:	Proportion:	Date of Birth:
	Street:	<input type="checkbox"/> Primary	<input type="checkbox"/> All	Relationship:
	City, State, ZIP:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____ % (Percent)	Beneficiary Social Security Number:

► **MEMBER INFORMATION**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

► **SIGNATURE OF WITNESS**—THIS OPTION FORM MUST BE WITNESSED.

IF THE MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE.

By witnessing this form, I acknowledge that I have read and understand the provisions of this Option:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address/City/Town/State/Zip)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)